



2010 Legislative Priorities

The Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse have identified the following legislative priorities for the 2010 session:

Denali Kid Care. Two bills related to Denali KidCare are on the table for this session. [SB 13](#), sponsored by Sen. Bettye Davis (D-Anchorage), raises the eligibility level from 175% to 200% of the federal poverty level. It is currently in the House Health and Social Services committee, co-chaired by Rep. Wes Keller (R-Wasilla) and Rep. Bob Herron (D-Bethel). [SB 87](#), sponsored by Sen. Bill Wielechowski (D-Anchorage), also raises the eligibility level to 200%, but adds a premium option after 200%. This bill is currently in Senate Finance committee. The boards support passage of legislation that will raise the eligibility level to 200% for Denali KidCare.

Homeless Assistance Program. The Homeless Assistance Program funds several programs that provide support services for Alaskans experiencing homelessness, including people with mental illness, Alzheimer's and related dementia, developmental disabilities, brain injury and/or addiction disorders. With an approach of maintaining affordability while offering outreach and support services, people with disabilities can afford housing that provides a safe and healthy environment. The boards support increments to AHFC for the Homeless Assistance Program in the capital section of the mental health budget.

Rate Review. [SB 32](#): Medicaid home and community based services, sponsored by Sen. Johnny Ellis (D-Anchorage), passed the Senate last session is currently in the House Health and Social Services committee. This bill establishes a framework for periodic reviews and adjustments so that Alaska's system of care can continue to meet the needs of people with disabilities. The Legislature appropriated \$1.2 million for rate adjustments in FY10 (a complement to this bill). The boards support passage of SB 32.

Student questionnaires and surveys (YRBS). Two bills address anonymous surveys in schools to monitor the prevalence of behaviors that put Alaskan youth at risk for the most significant health and social problems. [SB 101](#), sponsored by Sen. Bettye Davis (D-Anchorage), and [HB 130](#), sponsored by Rep. Peggy Wilson (R-Wrangell), are currently in the House Health and Social Services committee, co-chaired by Rep. Wes Keller (R-Wasilla) and Rep. Bob Herron (D-Bethel). The boards support passage of legislation that will allow for passive consent of anonymous surveys.

See following pages for back-up...



Support Denali KidCare

The Denali KidCare Program (children's Medicaid) addresses the fundamental health care needs of Alaska's children by providing insurance coverage for children and teens through age 18 and for pregnant women who meet income guidelines. Health care is important to prevent disease, find and treat problems early, and maintain good health. Children and teens covered by Denali KidCare receive a full range of prevention and treatment services, including doctor's visits, health check-ups & screenings, vision exams and eyeglasses, dental checkups, cleanings & fillings, hearing tests & hearing aids, speech therapy, physical therapy, mental health therapy, substance abuse treatment, hospital care, laboratory tests, prescription drugs and medical transportation. Without adequate health care, children and pregnant women are at risk for complications and more costly care later on.

In Alaska, more than 75% of children with special health care needs who have Denali KidCare receive the mental health services they need. Nationwide, only 56.8% of uninsured children with special health care needs receive the necessary mental health services. Medicaid-enrolled children who are up-to-date on their well-child checkups through 2 years of age are 48% less likely to experience an avoidable hospitalization. Children with incomplete care are 60% more likely to visit an emergency department for any cause compared to children who are up-to-date on their well-child care.

As the cost of living and the cost of regular health care continues to rise, raising the eligibility level insures that children in the poorest families can retain access to health care.

Support HB 62, sponsored by Representative Hawker, and SB 13, sponsored by Senator Bettie Davis. Both bills raise the eligibility level for Denali KidCare in families with incomes between 175% and 200% of the federal poverty guidelines.

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Support AHFC's Homeless Assistance Program

AHFC's Homeless Assistance Program funds several programs that provide support for Alaskans experiencing homelessness. Many of the beneficiaries of this program include people with mental illness, addiction disorders, Alzheimer's and related dementia, developmental disabilities, and brain injury.

Support services funded by this program include temporary emergency housing, rental assistance, case management, and grants for planning and construction of housing that serves people with disabilities. These services provide support to low-income and people with disabilities who are homeless so that they are more able to live independent lives.

People with mental illness and addiction disorders who live without adequate housing and support services are at higher risk of incurring more costly care through emergency room visits and/or arrests ending in expensive jail or prison care, and pose a higher public safety risk as well. Supported housing is the single most effective and most cost-efficient way to reduce homelessness.

Alaska Homeless Stats

- It is estimated that over 4,500 Alaskans are homeless, with nearly 750 being households with children. 11% have a mental illness and 14.5% have a substance abuse disorder, according to the Alaska Point-in-Time Count (January 2009).
- In 2009, 14 individuals who were displaced and without a home, died on the trails or in camps in Anchorage. 63 deaths in the larger population of homeless people occurred in the same year.
- Approximately 8,000 discharges from Department of Corrections had no identified housing arrangement at the time of discharge (2007 HUD homeless report, AHFC/DOC calculations).
- Alaska has approximately 522 supportive housing units, 60 supportive housing units for those who have been chronically homeless, and 556 households receiving prevention assistance. There is still a significant need to increase the capacity to serve Alaskans in retaining stable housing.

The Homeless Assistance Program

The umbrella Homeless Assistance Program is funded through a variety of sources, including state general funds in the mental health budget (GF/MH), Alaska Mental Health

Trust Authority Receipts (MHTAAR), AHFC corporate receipts, Alaska Capital Income Fund, and Federal Receipt Authority, and consists of the following programs:

Homeless Assistance (Temporary Housing and Prevention). Established in 1993, this program provides capital and operations support to temporary emergency housing services providers in Alaska. It enables hundreds of homeless and/or near-homeless families to obtain or retain safe and sanitary shelter each year. Demand for this program has steadily increased as federal and municipal sources have diminished.

Shelter Plus Care (match to allow for federal funding). This program provides rental assistance and supportive services on a long-term basis for homeless persons with disabilities, including serious mental illness, chronic problems with alcohol and/or drugs, and AIDS or related diseases, and their families. The program is in place in response to the needs of the hard-to-reach homeless population with disabilities. This is a federal HUD program.

Special Needs Housing Grant Program. Funds for this program are awarded through competitive grants to non-profit service providers and housing developers for construction of housing for Alaska's special needs populations.. Funds from this program can be used for planning and construction activities and may provide for congregate, supportive and transitional housing types.

Support increments for the Homeless Assistance Program in the capital section of the Mental Health Budget (HB 302).



Support SB 32: Regular and Periodic Schedule of Rate Reviews for Home and Community-based Services

Home and community-based services include a wide range of services for people with disabilities. Mental health care, infant learning, personal care attendant services, assisted living services, senior care, substance abuse counseling, and services for Alaskans with developmental disabilities are all examples of services provided at home or in our communities. These services maintain quality of life and reduce the need for more costly institutional, emergency and nursing home care.

Regular and periodic rate reviews are imperative to maintaining the systems of care that serve Alaska's most vulnerable populations.

Before the rate rebasing in FY09, most home and community-based services providers had been over a decade without a rate review or increase. This resulted in an erosion of the system, as frozen rates resulted in a diminishing pool of resources and reducing the quality and availability of services.

SB 32, sponsored by Senator Johnny Ellis (D-Anchorage), passed the Senate last session and is currently in the House Health and Social Services committee. The bill establishes the framework for periodic rate reviews and adjustments (e.g. every 2-4 years) so that Alaska's system of care can continue to meet the needs of Alaska's most vulnerable citizens.

- In FY07, home and community based services were provided to nearly 57,000 people who would have otherwise been served by costly institutional or nursing home care;
- Provider associations report that almost 20,000 Alaskan seniors received home and community based services, and over 30,000 Alaskans received behavioral health services from non-profit providers;
- 3,807 Alaskans received personal care attendant services;
- 2,636 Alaskans with developmental disabilities received services;
- 1,500 Alaskans received care through assisted living homes;
- An estimated 1,400 children were enrolled in early intervention/infant learning programs.

Our system of care for Alaskans with special needs is based on a network of non-profit

providers. Without adequate funding, our providers cannot continue to provide quality services. Without our providers, we have no system of care.

Additionally, a schedule of rate reviews is necessary in order for the Department of Health and Social Services (DHSS) and the State of Alaska to create and maintain a 10-year fiscal plan that adequately budgets for the costs of home and community-based services.

By establishing a regular schedule, providers, the state, and the legislature will be able to engage in more effective management of our state's budget and the responsibility to care for our most vulnerable citizens.

Support SB 32, providing for regular and periodic rate reviews for home and community-based services.

Supporters:

Alaska Association on Developmental Disabilities (serving 2,636 Alaskans)
AgeNet (serving 18,953 Alaskans)
Personal Care Attendant Provider's Association (serving 3,807 Alaskans)
Assisted Living Association – Alaska (serving 1,500 Alaskans)
Alaska Behavioral Health Association (serving 26,285 Alaskans)
Alaska Mental Health Trust Authority
Governor's Council on Disabilities and Special Education
Alaska Mental Health Board
Advisory Board on Alcoholism and Drug Abuse
Alaska Commission on Aging



Support Student Questionnaires and Surveys (YRBS)

The Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse support two bills addressing anonymous surveys in schools to monitor the prevalence of behaviors that put Alaskan youth at risk for the most significant health and social problems. [SB 101](#), sponsored by Sen. Bettye Davis (D-Anchorage), and [HB 130](#), sponsored by Rep. Peggy Wilson (R-Wrangell), are currently in the House Health and Social Services committee, co-chaired by Rep. Wes Keller (R-Wasilla) and Rep. Bob Herron (D-Bethel).

The Youth Risk Behavior Survey (YRBS) is a tool designed by the Center for Disease Control and Prevention to monitor health risks face by young people. It has been used since 1991 and is an anonymous survey. It is currently being used in 48 states to help gather information for planning, implementing and evaluating efforts to improve the health of young people.

The ongoing debate over whether or not to allow passive consent for the YRBS appears to have gotten lost in the larger debate of the benefits of the survey itself and the concerns about what taking the survey means for the student, parent, and school. SB 101 is narrowly tailored to focus on the issue of parental consent. It does not require any school district to administer the survey, or any parent to allow his or her child to take the survey, or any student to participate in the survey. SB 101 simply allows for passive parental consent for the Youth Risk Behavior Survey.

Background

The Youth Risk Behavior Survey (YRBS) was developed in 1990 by the Centers for Disease Control and Prevention's (CDC) Division of Adolescent School Health. As an **anonymous** survey, the YRBS takes great precaution never to link the survey participant with their responses. Survey administrators are trained specifically on this topic. Students are instructed not to put their name on the survey itself. Completed surveys are collected and sent in an envelope for offsite evaluation. The results of the surveys are aggregated to provide school districts, states, and the nation information on the behavioral risk factors faced by young people. Although Alaska has participated in the biennial survey since 1995, it has only been able to achieve statistically valid results twice.

Under active consent, those students who did not return a permission slip were not permitted to take the YRBS. Students that were not permitted to take the survey lowered the student participation rate, ultimately causing Alaska's overall participation rate to either fail to meet the 60% threshold or just barely meet it.

For the YRBS to be statistically valid, the overall participation rate has to exceed 60%. In fact, that threshold acts as one more precaution to protect the privacy of the survey participant. When Alaska has not been able to achieve that threshold, despite considerable time, money, and other effort, the statewide results have to be discarded. This is a great waste of resources.

SB 101 – What It Does

The following key facts are integral to the specific debate over whether to allow passive consent for the YRBS survey as proposed in SB 101:

- With passive consent, parents retain the right to not allow their child to participate in the survey. The parental notification requirement in SB 101 alerts parents to the planned surveys and provides them the opportunity to object to their child's participation.
- Even with the parent's consent, should the student feel uncomfortable participating in the survey, they can decide not to participate or not to respond to specific questions.
- Current returns demonstrate that most parents do not object to their children participating in the survey. Parents who denied permission in the past will still be able to do so under the change proposed by SB 101. The real benefit of passive consent is that the 20% of students who were not allowed to participate in the YRBS under active consent will be allowed to participate under passive consent, should they choose to do so.

Support SB 101, sponsored by Senator Bettye Davis, and HB 130, sponsored by Representative Peggy Wilson, allowing for passive consent of student questionnaires and surveys.